



Application to Modify Option and/or Life Option Beneficiary

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Name of Participant (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Section 1

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or the endorsed-filed court order with this application.

Qualifying Events for Modification

You can change your benefit option or life option beneficiary **only** if one of the following events occurs. Indicate the event that applies.

☐ Death of current life option beneficiary (submit a copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name)

Date of Death (mm/dd/yyyy)

☐ Marriage (submit a copy of marriage certificate)

Name of Spouse (First Name, Middle Initial, Last Name)

Date of Marriage (mm/dd/yyyy)

☐ Establishment of domestic partnership (submit a copy of certificate of domestic partnership)

Name of Domestic Partner (First Name, Middle Initial, Last Name)

Date Registered (mm/dd/yyyy)

☐ Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (submit a copy of the endorsed-filed court order)

☐ divorce

☐ annulment

☐ legal separation

Date Effective (mm/dd/yyyy)

☐ Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order)

Date Effective (mm/dd/yyyy)

Section 2

Complete new beneficiary information and submit a copy of their birth certificate.

New Beneficiary Information

If you were required by court order at the time of retirement to designate your former spouse or former legally recognized domestic partner as a Community Property Option 4 beneficiary, complete Section 4 only. Do not complete Sections 2 and 3.

Name of New Beneficiary (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP

Country

This form continues on page 2.

Name of Participant

Social Security Number or CalPERS ID

Section 3

We will provide Options 1, 2, 2W, 3, and 3W. If these do not meet your needs, you can request one of the approved Option 4 types shown.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of the benefit.

Option 4 Types

You must first review CalPERS publication *Retirement Option 4*.

☐ Option 2W & Option 1 Combined

☐ Option 3W & Option 1 Combined

☐ Specific Percentage to Beneficiary _____ %
Percentage

☐ Specific Dollar Amount to Beneficiary \$ _____
Amount

☐ Reduced Allowance for Fixed Period of Time:

Reduce my Allowance by \$ _____ or _____ % through the end of _____
Dollar Amount Percentage Date (mm/yyyy)

☐ Multiple Lifetime Beneficiaries

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit
Gender

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit
Gender

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit
Gender

Address

City State ZIP Country

☐ Reduced Allowance Upon Death of Retiree or Beneficiary \$ _____
Reduction Amount

Name of Participant

Social Security Number or CalPERS ID

Section 4

Option 4: Court-Ordered Community Property

These options apply to Option 4, Court-Ordered Community Property only.

Complete new beneficiary information and submit a copy of their birth certificate.

☐ Option 4/1 – To complete this option choice, you must also fill out the new beneficiary information below.

☐ Option 4/2W – To complete this option choice, you must also fill out the new beneficiary information below.

☐ Option 4/3W – To complete this option choice, you must also fill out the new beneficiary information below.

Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP

Country

Section 5

Survivor Continuance

If your spouse or domestic partner is your eligible survivor, you **must** submit a copy of your marriage certificate or certificate of domestic partnership.

I currently have an eligible survivor who may be entitled to the Survivor Continuance benefit.

Name of Survivor (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Relationship to You

Date of Marriage or Domestic Partnership (mm/dd/yyyy)

Section 6

Certification of Participant

I understand that this form is a request for an election form to modify my option and name a new beneficiary(ies). I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS. I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Participant

Date (mm/dd/yyyy)

()
Home Phone Number

()
Alternate Phone Number

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711